STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET   HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102   (860) 241-8400   Fax (860) 525-6018   www.ct.gov/trb

BENEFICIARY ELECTION FOR DISABILITY ALLOWANCE

Connecticut Statutes require that monthly survivor benefits be paid to your statutory survivors before any balance is paid to your designated beneficiary. This is true regardless of whom you designated as your beneficiary. Statutory survivors include a spouse and/or minor children under the age of 18. You should refer to our **Survivorship Benefits Before Retirement Bulletin** before completing this form. Contact this office if you need assistance.

- Type or print clearly in ink, initial any changes that you make, and do not use white out.
- You may name any living person, your estate, or a trust as your beneficiary.
- A trust designation must include the name and date of the trust agreement.
- At least one primary beneficiary must be named. If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally amount the surviving primary beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be issued to your estate.
- "Per Stirpes" designation (unnamed or unborn beneficiaries) is not accepted.

MEMBER NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	SOCIAL SECURITY NUMBER
STREET ADDRESS	LOCAL SCHOOL DISTRICT
CITY, STATE, ZIP	CHECK IF: NEW ADDRESS ☐ NAME CHANGE ☐

I, the undersigned, hereby direct the Connecticut Teachers' Retirement Board, in the event of my death prior to retirement, to pay the death benefit allowable on my account to the beneficiary or beneficiaries named below in accordance with Section 10-183h of the Connecticut General Statutes.

BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) ☐ PRIMARY ☐ CONTINGENT
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SIGNATURE OF MEMBER	DATE	WITNESS (OTHER THAN BENEFICIARY)	DATE

Please retain a copy of this form for your records and forward the signed original directly to CTRB at the address above.